

The CellWaves Scholarship

Applicant Information

Full Name _____
Address _____
City _____
State _____
Zip Code _____
Date _____
Email _____



Educational Status

Institution Type College University Comm. College Trade / Vocational
Institution Name _____
Major or Study _____
Year in School 1st Year 2nd Year 3rd Year 4th Year 5th Year
Topic of your essay _____
Video Submitted? Yes No Video submission is a requirement

Privacy Statement

- CellWaves may publish general information about you (not your contact information) and your submittals on our website
- CellWaves will not sell, rent, or divulge private information about you to anyone other than the application review committee. Do not share personal information in the essay or video.

Certification

I certify that my essay and video are my original works. I agree to the terms of the scholarship.

Your Signature _____

Date of submittal is date of email receipt

Submit Instructions

Email this completed form along with completed video to: scholarship@cellwaves.net